INDIANA BUREAU OF MOTOR VEHICLES INDIANAPOLIS, INDIANA

LICENSE FEE: \$100.00

PLEASE PRINT OR TYPE.

The Individual,	Association,	Corporation,	or Partnership,	as owner	of the school	hereby mak	es application	to the Indiana	Bureau o	of Motor
Vehicles for a l	icense to con	iduct a comm	nercial driver tra	ining scho	ool.					

☐ ORIGINAL ☐ RENEWAL					
Is this a satellite location?	NO				
	GENERAL INFORMATION				
Name of school	SENERAL INI SRIIJATION	Federal identification nu	mber		
Address of school (number and street, city, state, and ZIP of	ode)				
Telephone number	Date school was established (month, day, year)	School website			
Type of business (check one) Sole Proprietor	☐ Partnership ☐ Corporat	ion 🗆 Associ	iation		
LIST N	AMES, ADDRESSES, AND TELEPHONE NUM	IBERS OF ALL	1		
NAME NAME	ADDRESS (number and street, city, st.		TELEPHONE N	UMBER	
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	QUESTIONS				
ALL QUESTIONS MUST BE F	ULLY ANSWERED. ALL QUESTIONS ANSWE	ERED "YES" MUST BE EXI	PLAINED.		
Have any of the owners, partners, associates, o "Yes" answer under explanations by giving days				☐ No	
2. Is your commercial drivers training school locate	ed in a business district?		☐ Yes	☐ No	
3. Is your equipment owned by your school? (If "N	O", attach a copy of the lease.)		☐ Yes	☐ No	
4. How far is it from your commercial driver trainin (Designate the distance in miles or feet.)	g school to the nearest drivers license examinat	ion station?			
5. Is your commercial driver training school operated from any of the following: house trailer, residence, tent, temporary stand, temporary address, office space, room or rooms in a hotel, rooming house or apartment house, or the premises occupied by a single or multiple dwelling unit house? (If "YES", explain on next page.)					
6. How many square feet of floor space does your	commercial driver training school contain?				
7. Indicate the number of square feet in the office.					
8. Indicate the number of square feet in the classr	oom.				

QUESTIONS (continued)		
ALL QUESTIONS MUST BE FULLY ANSWERED. ALL QUESTIONS ANSWERED "NO" MUST BE EXPLAINED	D.	
9. Does your commercial driver training school maintain a permanent office facility?	☐Yes	□No
10. Is your commercial driver training school the principal business entity at the address you show above?	☐ Yes	□No
11. Does your commercial driver training school maintain a permanent classroom facility?	Yes	□No
12. Do your classrooms have adequate lighting, heating, and ventilation?	Yes	□ No
13. Does your school have washroom facilities?	☐ Yes	□No
14. Are washroom facilities separate for men and women?	☐ Yes	□ No
15. Do all school facilities comply with all state laws and regulations, and municipal ordinances and regulations relating to public health and public safety for the school and business facilities?	☐ Yes	□No
16. Is your main classroom facility separated from your main office facility?	☐Yes	□ No
17. Does your classroom have a blackboard?	☐Yes	□ No
18. How many square feet of writing space does this blackboard contain?		
19. How many students do you have seating facilities for?		
20. Do all of the seating facilities have desk-like writing surfaces?	☐ Yes	□No
21. Does your main classroom facility contain charts and diagrams or pictures relating to the operation of motor vehicles and traffic laws?	Yes	□ No
22. Does your main classroom contain textbooks, reference books and pamphlets relating to the proper operation of motor vehicles and traffic laws?	Yes	□ No
23. Are the owners of the school, unless it be a corporation, 21 years of age or over?	☐Yes	□ No
24. Does the school employ or is it associated with at least one person who is licensed or qualified to be licensed by the Bureau of Motor Vehicles as a commercial driver training instructor?	□Yes	□ No
25. Are your students required to sign written contracts? (If "YES", attach a sample copy.)	Yes	□ No
26. How far from the main office facility is the main classroom facility?	☐Yes	□ No
Explanation of the questions answered "NO."		
Explanation to the questions answered "YES" on page one.		

INSTRUCTORS				

List all instructors,	licensed by the B	ureau of Motor Vehi	icles who are em	ployed or ass	ociated with the	Commercial Di	river Training S	School and /	or all qualified
individuals who ha	ve made arrangen	nents for employmen	nt with the school	I and have filed	d application for	an instructor's I	icense with the	Bureau of M	Intor Vehicles

	gernerits for e		ave illed application		with the Bureau of Motor Venicles.
NAME		ADDRESS		LICENSE NUMBER	TELEPHONE NUMBER
Enter the following information v	vith respect to	o school vehicles to be used by y	ou and your instru	ctors. THESE VEHICLES	MUST BE DUAL CONTROLLED.
MAKE OF VEHICLE		MODEL YEAR	VEHICLE IDEN	TIFICATION NUMBER	LICENSE PLATE NUMBER
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
					-

NOTE: Whenever cars are replaced or added notify the Bureau of Motor Vehicles and forward certificate of insurance.

I (we) the undersigned have personally examined the contents of this application and swear and affirm that everything contained herein is true to the best of my (our) knowledge, and that the owner(s), officers and instructors are of high moral character and reputation and have not been adjudicated a felon the ten years immediately preceding the date of the application.

Furthermore, by affixing my (our) signature(s) to this application, I (we) swear and affirm that I (we) will abide by all laws and rules and regulations in the operation of this commercial driver training school.

operation of the commercial arriver training our	1001.		
Signature	Title	Signature	Title
Signature	Title	Signature	Title
Signature	Title	Signature	Title
Signature	Title	Signature	Title
Signature	Title	Signature	Title

Each owner, partner, associate, manager and a majority of the corporate directors and officers of the commercial driver training school must sign in the space provided on page 3. (One signature in each boxed area.)						
To knowingly make a false statement or conceal a r driver training school license.	naterial fact in this application is a criminal offense and will result in the revocation of your commercial					
Subscribed and Sworn to Before Me this	Day of					
	Signature of Notary Public					
	Printed or typed name of Notary Public					
SEAL						
OLAL	Address of Notary Public (number and street, city, state, and ZIP code)					
	Date commission expires (month, day, year)					

DO NOT WRITE IN THIS BLOCK
License number
Approved by:
Date (month, day, year)